## **Weekly Census Report on Client Status**

												Prepa	ared By:
					•				Month	Day	Year		
Agency:			Prog	ıram:				For:			2002	Contac	t phone #
				-	Use <b>Sep</b>	<b>arate</b> sheet program	for each			close of bus ch Monday			
CO Centra	Age Gender		Sub LOC			Specialt	ly .			General L	ocation	C	ther
FAMILY GUI	DANCE CEN	TERS CODES		:			-					WA	T LIST
CO Cent	ral Oahu	HNL H	onolulu, Oah	Oahu LO Leeward Oahu			wo	Windward	l Oahu			*Yes 🗌	No □
H Hawaii K Kauai			auai		M Ma	ui						* If Yes, Must atta	ach current wait list
N-4	A () 1		J-4										
						I.o.	I	- Control expenses and	eini v				
		s Name FN	Gender M or F	Sub Loc	Referring FGC	Projected Date of Discharge	Actual Date of Discharge	Disch Place	arge ment	Wait Listed Date	Projected Date of Admission	Other Agencies Involved	Other Comments
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## **WAITLISTED YOUTH**

Facility:	Program:	· .	For:	Month	Day	Year 2001	Prepared By:	
		Use Separate sheet for each program	Due	<b>before</b> class	ose of bus Monday		Contact #	

CO	Central Oahu	HNL	Honolulu, Oahu	LO	Leeward Oahu	WO	Windward Oahu
H	Hawaii	M	Maui	K	Kauai		

		•		Note: All columns	s must be co	mpleted as ap	propriate			
Client's Name LN, FN	FGC	Gender M or F	D.O.B	Diagnosis	Current Placement	Date Waitlisted	Projected Date of Admission	Sub Level of Care Needed	Other Agencies Involved	Waitlisted Region
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